



September 17, 2020 at 3:00 pm

Location: Conducted virtually

Meeting Minutes:

Member Attendees: Dr. David Pate, Matt Bell, Denise Chuckovich, Randall Hudspeth, Yvonne Ketchum-Ward, Susie Pouliot, Christina Thomas, Dr. Karl Watts, Lisa Hettinger, Patricia Richesin, and Matt Wimmer.

DHW Staff: Mary Sheridan, Susan Heppler, Matt Walker, Elizabeth, Heist, Dieuwke Disney-Spencer, Dave Jeppesen

Guests: Cynthia Montgomery, Melissa McVaugh, Nancy Powell, Luke Kilcup, David Bell, John Foster, Cynthia York, Corey Surber, and Hans Kastensmith.

Summary of Motions/Decisions:

Motion: Susie Pouliot moved to accept the minutes of the September 17, 2020, meeting of the Healthcare Transformation Council of Idaho (HTCI) as presented.
Second: Randy Hudspeth

Outcome: Passed

Motion: Susie Pouliot moved for HTCI to approve the Rural Nursing Loan Repayment Task Force's request for approval to move forward.
Second: Denise Chuckovich

Outcome: Passed

Agenda Topics:

Welcome and opening remarks; roll call; introductions; agenda review; review of minutes; announcements – Dr. David Pate, HTCI Co-Chair

Dr. Pate opened the meeting and welcomed the members and guests. Participants were invited to unmute themselves as needed and use the chat function to ask questions if they prefer.

Coronavirus/COVID-19 update – Dr. David Pate, HTCI Co-Chair

Idaho has seen an overall decline in positive COVID-19 infections. Despite that trend, there are more new cases daily than during the peak in April. Intensive care unit admissions are two-and-a-half times higher than in April.

Healthcare providers need to consider how they can encourage their patients to receive the influenza vaccination, especially for those apprehensive of going into the clinics or hospitals. Healthcare providers should also be preparing for conversations surrounding the distribution of the COVID-19 vaccine, should one become available in the next year.

There is a misconception that face shields are as successful at preventing the spread of COVID-19 as face masks. It is important to inform the public that this is false. Students are now showing up to schools with medical exemption notes so that they will not be required to wear a face mask. This is concerning and needs to be addressed.

We are hoping to establish a post-COVID-19 evaluation program as a resource for patients in-state. This program would report the aftermath symptoms and problems in post-COVID-19 patients.

Rural Nursing Loan Repayment (RNLR) Task Force – *Randall Hudspeth, Executive Director, Idaho Center for Nursing*

Randall Hudspeth presented data supporting the need for the RNLR Task Force. A motion was requested to approve the RNLR Task Force's request to move forward. Susie Pouliot motioned, and Denise Chuckovich seconded. The charter and membership for the RNLR will be presented at HTCI's October meeting.

Rural & Frontier Healthcare Solutions Workgroup (RFHS) update – *Patt Richesin, RFHS Co-Chair*

The Notice of Funding Opportunity was released for the Community Health Access and Rural Transformation grant. The RFHS Workgroup is meeting to strategize how to best leverage this opportunity. The inquiry the co-chairs sent to critical access hospitals regarding their participation has had a limited response. There may be an extension, based upon the current administration.

Payer Provider Workgroup (PPW) update – *Norm Varin, PPW Co-Chair*

PPW will be meeting on September 21st, 2020 at 2:30 p.m. Scott Banken from Mercer will present on the cost avoidance report for the financial analysis of the total cost of care data. The PPW will also be discussing the initial findings from the cost-driver survey.

Membership update – *Dr. David Pate, HTCI Co-Chair*

At the inception of HTCI, the council established an attendance requirement that the members would need to adhere to. Understandably, three council members were not able to fill that requirement due to competing priorities leaving three seats vacant: the sub-specialist physician, a public health district representative, and a primary care physician. Dr. Pate requested that the council reach out to the co-chairs if they know someone who would have the capacity and desire to fill these seats.

Susie Pouliot was asked to determine if there are members of the Idaho Medical Association that could fill either of the physician roles on the council.

Closing Remarks – *Dr. David Pate, HTCI Co-Chairs*

At the close of future meetings, members of the council are invited to suggest content for the following, or upcoming meetings. Please reach out to the co-chairs with topic recommendations.

Next Meeting: Thursday, October 15th, 2020 from 3:00 p.m. - 5:00 p.m. Mountain Time

Meeting Adjourned: 04:08 p.m.



Healthcare Transformation Council of Idaho

Action Items

October 15, 2020 3:00PM

■ Action Item 1 – September HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the September 17, 2020, meeting:

Motion: I, _____ move to accept the minutes of the September 17, 2020, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: _____

■ Action Item 2 – Telehealth Task Force Report and Recommendations

HTCI members will be asked to accept the final report as presented by the Telehealth Task Force co-chairs:

Motion: I, _____ move to accept the final report from the Telehealth Task Force as presented.

Second: _____

■ Action Item 3 – Rural Nursing Loan Repayment Task Force Charter and Membership Review and Approval

HTCI members will be asked to approve the charter and membership for the Rural Nursing Loan Repayment Task Force:

Motion: I, _____ move to approve the charter and membership for the Rural Nursing Loan Repayment Task Force as presented.

Second: _____

HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO



Telehealth Environmental Scan

Executive Summary of Findings

October 2020

Stonewall Analytics

Todd C. Leroux, PhD

Chad A. Smith, PhD

Project Overview

- Project Goals
 - Gather information regarding the current state of telehealth throughout Idaho.
 - Use findings to inform the Telehealth Task Force in developing recommendations for the utilization and adoption of telehealth in Idaho if warranted.
- Multi-Phase Project – 3 Deliverables
 - Literature Review
 - Survey of Stakeholders
 - Key Informant Interviews
- Project initiated prior to COVID-19 pandemic
 - Shift in healthcare to use telehealth for patient safety
 - Shift in public sentiment due to necessity to stay home

Key Informant Interviews

Interviewee	Position	Organization	Interview Date
Mr. Eric Foster	Senior Director, Health and Wellness	Albertsons	July 13, 2020
Mr. Ron Oberleitner	Chief Executive Officer	Behavior Imaging	July 14, 2020
Ms. Sarah Ridinger	Quality Improvement Specialist	Idaho Primary Care Association	July 15, 2020
Mr. Bobby Cuoio	Executive Director	Hospital Cooperative	July 15, 2020
Ms. Kimberly Beauchesne	Telehealth Director	Community Health Association of Spokane (CHAS)	July 17, 2020
Ms. Aleasha Eberly	Benefits Specialist	Simplot	July 17, 2020
Mr. Hans Kastensmith	Executive Director	Idaho Health Data Exchange	July 17, 2020
Ms. Hilary Klarc	Director of Provider Network	PacificSource	July 21, 2020
Ms. Linda Swanstrom	Executive Director	Idaho State Dental Association	July 22, 2020
Ms. Susie Pouliot	Chief Executive Officer	Idaho Medical Association	July 27, 2020
Ms. Trudy Bearden	Senior Consultant and Telehealth Lead	Comagine Health	July 28, 2020
Mr. Matt Wimmer	Administrator	State of Idaho, Division of Medicaid	July 28, 2020
Ms. Anne Lawler	Executive Director	State of Idaho, Board of Medicine	August 4, 2020
Dr. Neil Ragan	Physician	Healthwest, Inc.	August 13, 2020
Dr. Andrew Baron	Chief Medical Officer	Terry Reilly	August 17, 2020
Dr. Magni Hamso	Medical Director	State of Idaho, Division of Medicaid	August 19, 2020

Key Informant Interviews (continued)

- **Key Takeaways**

- ***Telehealth Reimbursement***

- The lack of payment parity in Idaho is regarded universally as the biggest obstacle to the post-COVID sustainment of telehealth.
 - Medicare and Medicaid payment policies—in several instances—can or have enhanced telehealth participation by commercial payers and an increase in their telehealth reimbursement.

- ***Telehealth Utilization and Adoption***

- Telehealth has been implemented successfully to support behavioral health, opioid use, and substance abuse disorders—especially in remote areas.
 - Telehealth allows for patient-centered care, and many patients strongly prefer to utilize telehealth.
 - The ability to see the patient and their home surroundings in video telehealth sessions is a great benefit in the treatment of opioid use disorders. Efforts through telehealth to keep patients engaged in their care process has led to fewer relapses.
 - Providers drive the demand for telehealth services and enjoy the benefits of its added convenience.

Key Informant Interviews (continued)

- ***Telehealth Technology***

- The increased use of Zoom, online shopping, and working from home as a result of COVID-19 has made the public embrace the convenience of telehealth—these perceived benefits are likely to remain “sticky” to those that enjoy and appreciate them.
- Bandwidth and availability of technology to patients, as well as the upfront costs to clinics are particularly difficult for Idaho's rural providers. In many cases, the use of Zoom, and other video-chat technologies have had a positive impact on utilization with minimal investment costs.

- ***Licensure and Liability Concerns with Telehealth***

- There is a long-term need for licensure reciprocity and a formal means for state licensure boards to communicate and adjudicate complaints directed towards licensed individuals from outside their jurisdiction.
- Currently, liability coverage as it pertains to telehealth crossing state-borders is not clear to providers and healthcare delivery organizations.

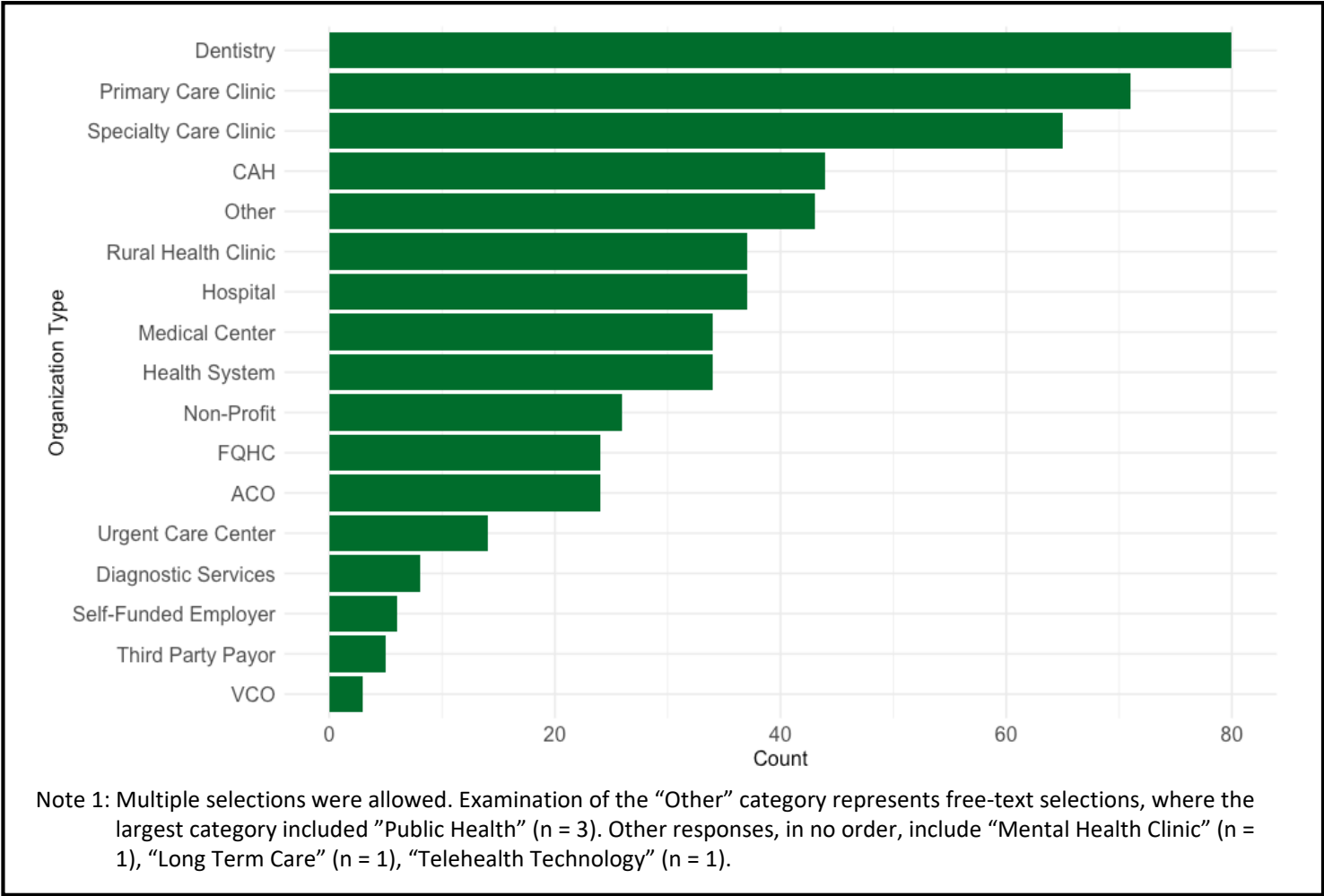
Key Informant Interviews (continued)

- ***Future Telehealth Sustainment***

- A common theme is a need for the development and implementation of a statewide collaboration. This could likely assist in improving both the adoption and efficiency and outcomes of telehealth services which would undoubtedly help improve access to care for many Idahoans.
- Need for improvements in payment parity as well as an attempt to establish common guidance across payors.
- Most organizations have robust management plans to continue to pursue and expand telehealth opportunities.
- Senior leadership of self-funded employers have realized the benefit of telehealth and are likely to pursue increased telehealth offerings for employees to both satisfy employee needs and to attempt to decrease healthcare-related costs.
- Initially providers would be apologetic to patients about the utilization of telehealth. Now both providers and patients see telehealth as a great opportunity to supplement their regular visits in a way that is beneficial to everyone involved.

Survey Respondents

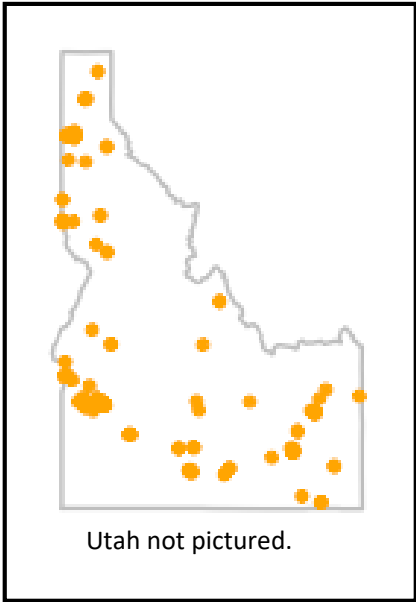
Organization Type Affiliation (n = 329)



Respondent Position Type (n = 326)

Administrative	32% (104)
Clinical	26% (86)
Both	42% (136)

Respondent City Locations (n = 329)

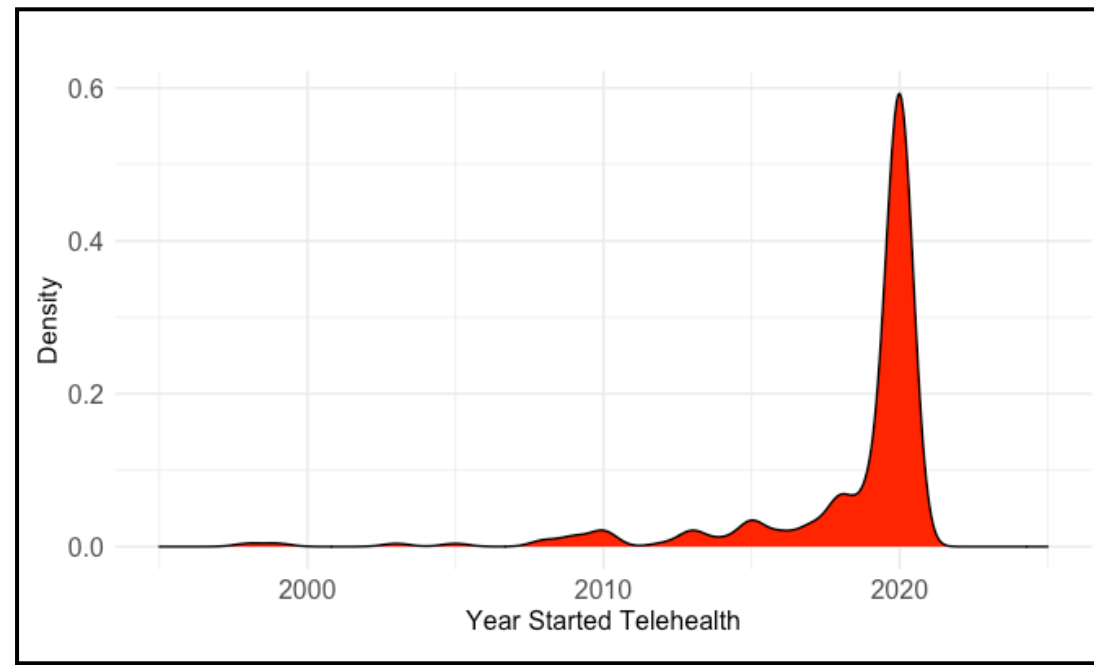


Telehealth Implementation

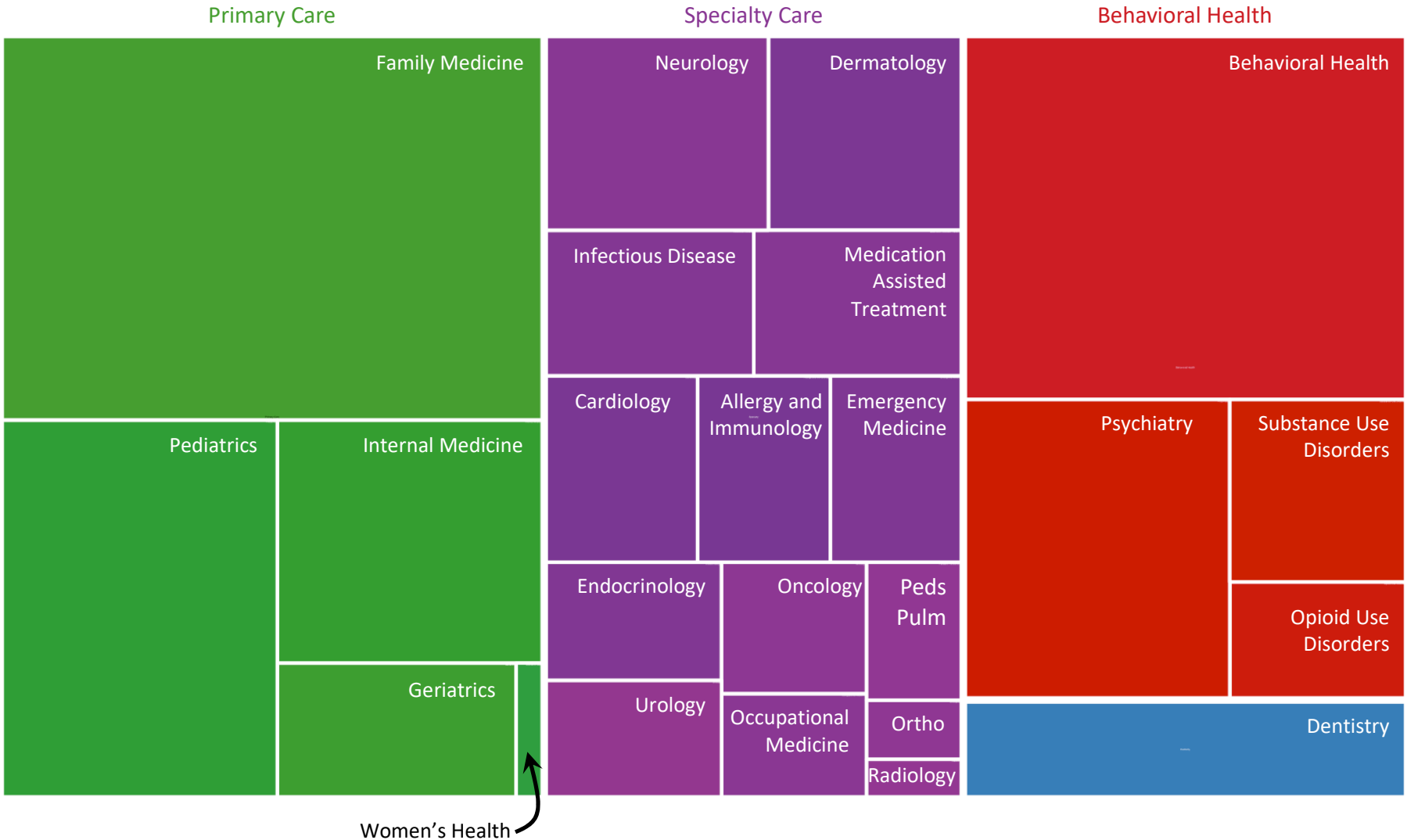
Whether Respondent's Organization is Currently Offering
Telehealth Services (n = 321)

Yes	81% (260)
No	19% (61)

The Year Telehealth Offerings Began (n = 215)

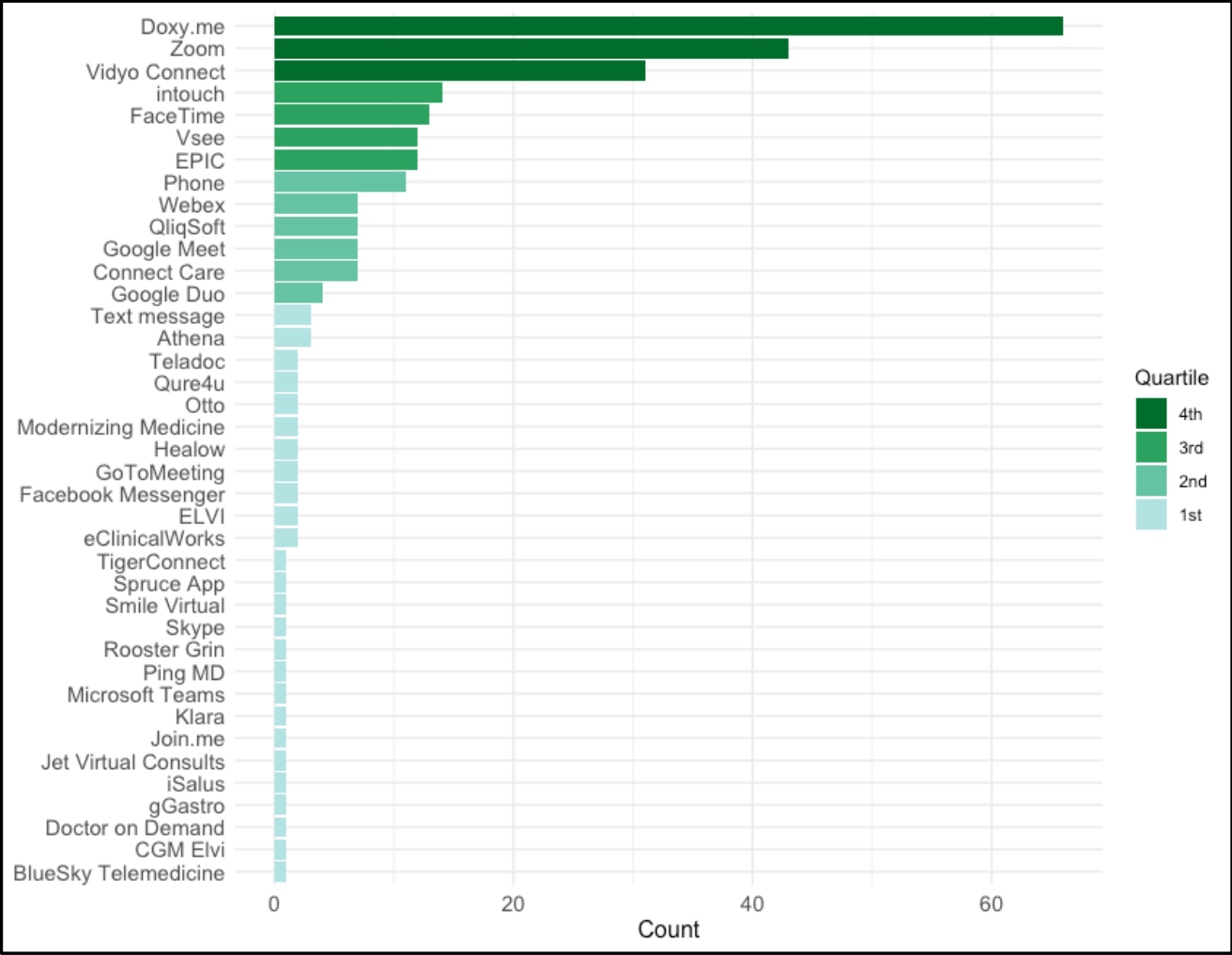


Telehealth Services



Telehealth Vendors

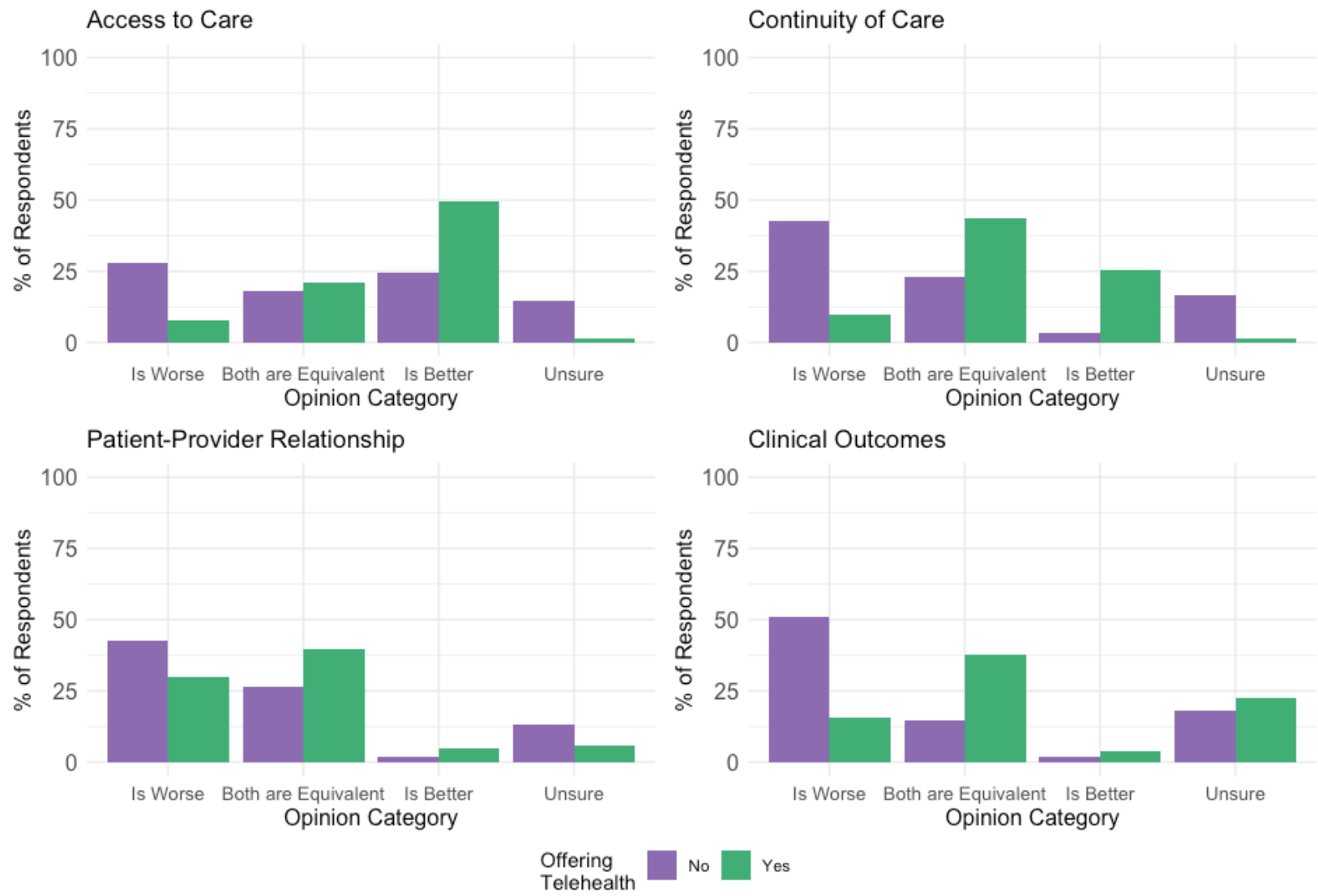
Reported Use of Telehealth Vendors by Organizations Currently Offering Telehealth (n = 273)



Receptivity to Telehealth

Offering Telehealth	<p>We asked all respondents currently offering telehealth services, “How receptive are patients in utilizing telehealth as a result of COVID-19?”</p> <p>Patient Receptivity to Telehealth Services (n = 221)</p> <table><tr><td>Extremely Receptive</td><td>52% (115)</td></tr><tr><td>Somewhat Receptive</td><td>47% (103)</td></tr><tr><td>Not Receptive</td><td>1% (3)</td></tr></table>	Extremely Receptive	52% (115)	Somewhat Receptive	47% (103)	Not Receptive	1% (3)										
Extremely Receptive	52% (115)																
Somewhat Receptive	47% (103)																
Not Receptive	1% (3)																
Not Offering Telehealth	<p>We asked all respondents not currently offering telehealth services, “Overall, do you believe patients are receptive to receiving services via telehealth”</p> <p>Patient Receptivity to Telehealth Services (n = 58)</p> <table><tr><td>Yes</td><td>36% (21)</td></tr><tr><td>Sometimes</td><td>40% (23)</td></tr><tr><td>No</td><td>24% (14)</td></tr></table> <p>Respondents were also asked about staff receptivity to telehealth if the organization was not currently offering services, “Do you think staff are currently willing to provide telehealth services?”</p> <p>Staff Receptivity to Provide Telehealth Services (n = 57)</p> <table><tr><td>A great deal</td><td>5% (3)</td></tr><tr><td>A lot</td><td>4% (2)</td></tr><tr><td>A moderate amount</td><td>18% (10)</td></tr><tr><td>A little</td><td>43% (25)</td></tr><tr><td>None at all</td><td>30% (17)</td></tr></table>	Yes	36% (21)	Sometimes	40% (23)	No	24% (14)	A great deal	5% (3)	A lot	4% (2)	A moderate amount	18% (10)	A little	43% (25)	None at all	30% (17)
Yes	36% (21)																
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A lot	4% (2)																
A moderate amount	18% (10)																
A little	43% (25)																
None at all	30% (17)																

Comparison of Perceptions





Contact info:

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Final Report, Recommendations and Action Plan of the Telehealth Task Force (TTF)

Presented by TTF Co-Chairs:
Craig Belcher, Jenni Gudapati, Krista Stadler
October 2020

*TTF is chartered through the Healthcare Transformation Council of
Idaho (HTCI)*



Telehealth Task Force

Charter approved: July 2019

Task Force convened:
January – August 2020

The average attendance at each meeting was 54 persons.

Our Charge

- 1) Identify the drivers and opportunities to expand telehealth in Idaho
- 2) Recommend strategies to increase adoption and utilization
- 3) Develop an action plan to fully integrate telehealth into the healthcare delivery system

Telehealth Task Force Members

- Co-Chair Craig Belcher, MBA, BS, Retired Regence Blue Shield
- Co-Chair Jenni Gudapati, MBA, RN,
Value-Based Healthcare Program Director, Boise State University
- Co-Chair Krista Stadler, RN, BSN Senior Director, Telehealth Services,
St. Luke's Health System
- Paul Coleman - Leads the Office of the Architect, Clearwater Analytics
- Aleasha Eberly - Benefits Specialist, J.R. Simplot Company
- Eric Forsch – Broadband Development Manager,
Idaho Commerce Office of Broadband
- Eric Foster - Sr. Director, Health and Welfare Benefits, Albertsons Companies
- Doug Fry - Senior Benefits Advisor, Pinnacle Solutions
- Chad Holt - Benefits Manager, Idaho Power
- Rick Naerebout - Chief Executive Officer, Idaho Dairymen's Association, Inc.
- Patrick Nauman - Owner, Weiser Classic Candy
- Susie Pouliot Keller - Chief Executive Officer, Idaho Medical Association

- Ex-Officio David Bell - Deputy Administrator for Policy Division of Medicaid,
Department of Health and Welfare

Subject Matter Expert Presentations

- “Magic Wand” Recommendations with Action Oriented Solutions
- 30 Presentations
- Broad Representation
 - All geographic areas of Idaho
 - Primary, Specialty and FQHC Providers
 - Hospital Systems and Critical Access
 - Associations – IHA, AARP, American Telemedicine Association
 - Payers - Commercial, Medicaid and Medicare
 - Academic Institutions
 - DOC Broadband Initiative, Office of Drug Policy, Governor’s Healthcare Advisors, DOI, BOM
 - Behavioral Health
 - Dentistry
 - Remote Patient Monitoring
 - Long-Term Care and Home Health
 - Community Health Emergency Medical Services (CHEMS)
 - Veterans Administration



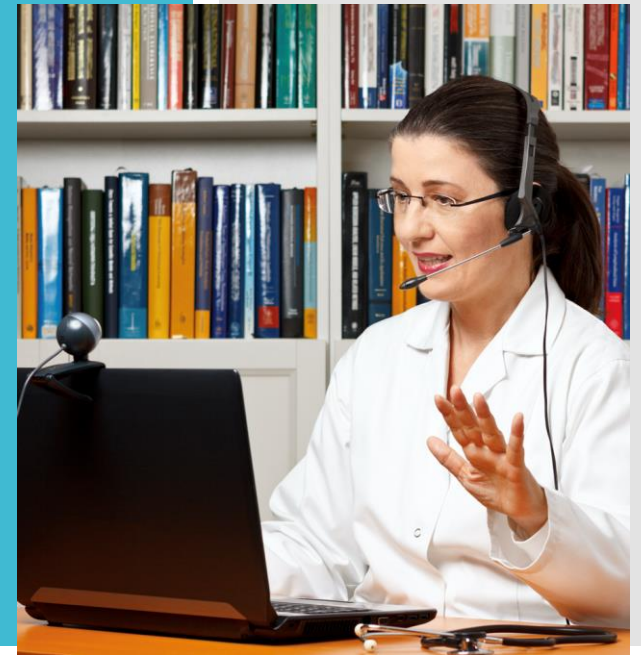
What We Can Learn from COVID-19



- COVID-19 generated new evidence and adaptations for providers to utilize the right virtual care delivery mode at the right time, make it easier, accessible, and convenient for patients and providers.
- Valid modality to deliver high-quality care to wide variety of patients and age ranges
- Satisfying choice for patients and providers
- A choice that when offered will be utilized broadly



RECOMMENDATIONS AND ACTIONS



1 Align Definitions

Align definitions of telehealth across the state

Virtual Care

Technology enabled healthcare service in which the patient and provider are not in the same location.

Healthcare Services

The assessment, diagnosis, consultation, treatment and/or remote monitoring of a patient; transfer of medical data; patient and professional health related education; public health services; and health administration

Provider

Any healthcare provide who is licensed, required to be licensed, or, if located outside of Idaho, would be required to be licensed if located in Idaho, pursuant to title 54, Idaho Code, to deliver healthcare consistent with his or her license.

2 Streamline Regulatory and Legislative Policies

Adopt the revised Virtual Care Accessibility Act

- Advance and simplify language to promote clarity
- “Virtual Care” promotes neutral care modality to allow for growth
- Improve patient safety standards by requiring a written policy and procedure on responding to patient medical emergencies when delivering care virtually
- Empower licensing boards and the Community Standard of Care

Align clinical licensing boards to eliminate unnecessary variation and develop a common standard of care

- Eliminate language in which licensing board standards conflict with Idaho Code
- Ensure coordination and consistency among the various boards, rules, provisions, guidelines and practices as the virtual care landscape evolves

3 Establish a Virtual Care Advisory Board

Establish a long-term Virtual Care Advisory Board to guide and advance Virtual Care adoption in Idaho

- Monitor, compile and share national policy advancements
- Coordinate with the Dept. of Insurance
- Oversee outreach and communication efforts
- Act as a clearinghouse for educational resources
- Disseminate information and updates related to virtual care regulations, resources, etc.
- Develop and share educational resources
- Promote collaborative relationships between providers and payers
- Serve as subject matter experts
- Support government leaders to evaluate opportunities and challenges in virtual care

4

Align with the Department of Commerce Broadband Initiative

The Task Force endorses the work of the Department of Commerce, additional consideration could include:

- Funding and support for a “last mile” initiative
 - Consumer and neighborhood grants
 - Building and deployment of mobile neighborhood hotspots
 - Hardware recycling program to provide low income families access to gently used hardware
 - All first responders to have virtual care capable devices

5

Develop Virtual Care Work Force Training, Orientation and Communication

- Provider, clinical support staff, and administrator understanding, and adoption of virtual care services is critical to the successful advancement of virtual care across Idaho.
- Virtual Care Advisory Board Virtual disseminates virtual care tools and best practices to medical practitioners through formal education channels, including:
 - higher education,
 - continuing education programs,
 - licensing boards and professional organizations.

6

Foster and Support Community Education

- The Task Force recommends the following actions:
 - Execute a consumer-oriented marketing campaign to provide information
 - Coordinate this education and outreach effort with the Virtual Care Advisory Board
 - Include plans for ongoing public service announcement campaigns.

7

Improve Payer and Provider Collaboration

- Payer reimbursement policies/and or payment parity overwhelmingly listed as a barrier
- Multi-pronged approach is recommended to reach an ongoing solution as we transition to value-based care.
- The Task Force recognizes regulation or legislation as a best practice.
- The Task Force recommends that the Department of Insurance facilitate meetings with key stakeholders to:
 - Develop payment parity policies
 - Develop consistent billing and coding practices
 - Collaborate with Virtual Care Advisory Board on Medicaid and Medicare changes
 - Support state's transition to value-based care, encouraging a more collaborative approach.

8

Review and Adopt Specific Waivers Associated with the PHE

The Task Force recommends the following waivers and regulatory flexibilities become permanent once the PHE has ended:

- Elimination of originating site requirements
- Expansion of geographies to include all counties
- Expansion of qualified distant site providers
- Elimination of number times patient may receive services
- Expansion of the types of practitioners that can provide virtual care
- Allowance of virtual care visits for nursing home patients
- Allowance of audio-only equipment to furnish specific services

8

Review and Consider Cessation of Specific Waivers Associated with the PHE

The Task Force recommends the following waivers be reviewed due to concerns related to patient safety and privacy:

- Allowing communication through technologies that are not HIPAA compliant
- Authorization of non-Idaho licensed providers to provide care during a disaster

Conclusion

Virtual care is a proven, effective, convenient, and reliable healthcare delivery option which can help meet the needs for the citizens of the growing and robust state of Idaho.

Questions:

All telehealth meeting materials are located under the Telehealth Task Force tab on the HTCI website @

<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=1783&dbid=o&repo=PUBLIC-DOCUMENTS>

Contact Information:

For further information contact:

Ann Watkins @ ann.watkins@dhw.idaho.gov;

or TTF Co-Chairs – Jenni Gudapati @ jennigudapati@boisestate.edu; Krista Stadler @ stadlerk@slhs.org and Craig Belcher@ belcherc208@gmail.com

Rural Nursing Loan Payment Task Force (RNLR) Charter

Task Force Summary:

Co-Chairs:	Randy Hudspeth, PhD, MBA, MS, APRN-CNP/CNS, FRE, FAANP, NEA-BC Carolyn Hansen, MS, RN
OHPI Staff Leads:	Susan Heppler, MS, RN, CIC and Matthew Walker
RNLR Charge (from HTCI):	Develop recommendations to create an Idaho specific loan repayment program for nurses working in underserved areas, and nurse educators seeking advanced degrees at Idaho universities, using the data from The Idaho Nursing Workforce Report.
HTCI Alignment:	Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.
Accountable to:	Report progress monthly to HTCI

Goals, Objectives, and Actions:

Goal: Improve healthcare quality, access, and the health of Idahoans.

Objective 1: Identify and define the drivers of the rural nursing workforce shortages in Idaho and recommend solutions to recruit and train nurses to increase the workforce with loan repayment incentives.

Strategy	Action to be Taken (Accountable Group)	Timeline
Develop pre-implementation plan, charter, and goals for RNLR	Provide an update at HTCI's September meeting (RNLR Co-Chairs)	September 17, 2020
	Develop RNLR Charter (RNLR Co-Chairs)	October 1, 2020
	Develop RNLR Agendas and determine initial Subject Matter Experts and Presenters (RNLR Co-Chairs)	October 1, 2020
	Submit RNLR Charter to HTCI for review and approval (DHW RNLR Resource)	

Identify other innovative state rural nursing repayment programs to inform RNLR.	OHPI to research and summarize findings for RNLR members if any innovative programs are identified (DHW)	October 2020
Identify members and convene taskforce	Identify RNLR members and submit final member roster for HTCI review (RNLR Co-Chairs)	August - October 2020
	Convene RNLR (RNLR Co-Chairs)	November 2020
Create the taskforce pre-work package that identifies known barriers to rural nursing in Idaho and any other resources identified.	Packet delivered at least two weeks prior to first meeting. (RNLR Co-Chairs, DHW)	October – January 2021
Identify solutions and strategies to increase rural nursing workforce	Conduct monthly meetings to identify Idaho-specific solutions and strategies to address rural workforce shortages (RNLR)	November – April 2021
	Submit regular progress reports to HTCI (DHW RNLR Resource)	October - May 2021
	Draft the final report with actionable recommendations and specific strategies for creating and implementing an Idaho-specific rural nursing repayment program.	May - June 2021
	Share RNLR recommendations with HTCI (target: RNLR co-chair presentation to HTCI)	July 2021

Planned Scope:

Deliverable 1: Develop pre-implementation plan, RNLR charter, framework for meeting cadence and structure, timeline, deliverables, goals, objectives, and operational parameters to achieve successful launch of the RNLR Task Force in November 2020.

Description: Create vision and operating plan for the RNLR that aligns with the charge given by HTCI
Document scope and operating framework of the RNLR in an agreed upon charter that includes: Goals, Objectives, Actions/Strategies, Scope, Deliverables, Timeframes, Milestones, Membership and Meeting Approach/Logistics

Timeframe:

<i>Anticipated Dates</i>	<i>Description</i>
Sept – Oct 2020	Co-Chairs and Staff Lead Develop Draft RNLR Charter Determine framework for RNLR initiative

Sept – Oct 2020	Forward Draft Charter to HTCI for review and feedback Recruit RNLN members, identify facilitators, if needed
Sept – Oct 2020	Establish RNLN meeting calendar for Nov 2020 - Apr 2021 Establish RNLN planning calls with Co-Chairs and OHPI for Oct – Apr 2021
Sept – Oct 2020	Identify materials to be shared with RNLN members prior to RNLN kickoff in November, develop agenda for first meeting, identify subject matter experts to present at meetings and confirm their participation.
Nov – Dec 2020	Conduct literature review if any gaps are identified by the RNLN Task Force
Nov 2020	Launch RNLN in November Review RNLN Charter and Approve/Provide overview of meeting focus
Dec - Jan 2021	Review and elicit feedback from RNLN members
Mar 2021	Finalize strategy(ies) to impact TF identified barriers, solutions, targets, and deliverables
Apr 2021	Develop final RNLN recommendations and strategy(ies) for next steps Draft findings, report, and recommendations for presentation to HTCI members in June 2021.
May – Jun 2021	Review draft of report Incorporate edits and prepare final report
July 2021	Report findings to HTCI

Milestones:

- Recruit RNLN members by September 25, 2020
- Conduct literature review and complete by October 1, 2020
- Refine deliverables and framework for RNLN by October 1, 2020
- Calendar the date for each deliverable e.g. when this topic will be presented to the task force to be finalized by October 1, 2020
- Develop a strategy and timeline for each deliverable to be finalized by October 1, 2020
- Monitor and report progress to HTCI related to RNLN framework, design, and anticipated body of work on a regular basis.

Deliverable 2: Complete a review of current literature, legislation, and other state programs to provide a foundation on loan repayment programs for nurses to assist determining Idaho's greatest need.

Description: Review and synthesize current literature, legislation, other state programs if applicable, and Idaho sensitive data to inform members and justify the need.

Timeframe: *Anticipated Dates* *Description*

- | | |
|------------|---|
| March 2020 | <ul style="list-style-type: none"> • Review current literature and identify any additional needs • Review legislation • Review of other state programs as well as any Idaho rural healthcare reimbursement models as appropriate |
|------------|---|
-

-
- Milestones:
- Define scope of this activity
 - Develop a strategy and timeline for each target
 - Report progress to HTCI

Deliverable 3: Collaboratively develop and deliver a final report that includes solution-based recommendations that point to immediate and long term goals, outline recommended next steps and required resources for development and implementation of an Idaho nursing loan payment program.

- Description:
- The RNLR will review and gather and compile all information collected to collaboratively draft a final recommendations report that represents a program to support rural Idaho's nursing workforce needs. The RNLR will evaluate, at a minimum, the following areas through literature review and analysis.
- Assessment of Idaho's nursing workforce needs and/or gaps
 - Current barriers of a loan repayment program for nurses
 - Cost of implementing and sustaining a repayment program in Idaho
 - Funding models and strategies
 - Business model transformation and reimbursement strategies
 - Policy/legislation review and recommendations
 - Implementation challenges
 - Sustainability, who should own and manage the program

Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>
	Apr 2021	Finalize strategy(ies) to impact RNLR identified barriers, solutions, targets, and deliverables
	May - June 2021	Develop final RNLR recommendations and strategy(ies) for next steps Draft findings, report, and recommendations for presentation to HTCI members in July 2021.
	June 2021	Review draft of report Incorporate edits and prepare final report
	July 2021	Report findings to HTCI

Membership and Composition:

General Information

1) RNLR Membership

RNLR will consist of representatives from the following mix of business stakeholder groups as appropriate, rural healthcare facilities, nursing universities with a rural track, and associations that align with charter and will not exceed 15 members (including two co-chairs) with no more than one representative from each site. Up to five of the 15 seats will be remain open until a barrier is identified; recruitment will begin if an organization is identified who can help with the defined barrier. Consideration was focused on the understanding and direct experience of the nursing challenges in rural Idaho.

Members should be in a role at the perspective organization that work in/with rural healthcare facilities, understand the reality and challenges of rural nursing workforce shortages, or are part of a university who is committed to providing rural nursing education opportunities to create Idaho specific solutions.

2) Subject Matter Experts

Targeted and open call subject matter experts will be invited to present on relevant rural nursing topics at one of the five meetings (December 2020 – April 2021) to highlight rural nursing gaps, barriers, or otherwise inform the RNLR Task Force. Targeted subject matter experts identified include:

- Bureau of Rural Health and Primary Care to present on their physician repayment model
- Boise State University and Idaho State University to inform on their rural nursing programs and why they failed
- Recruiting rural students who live in the community; there are states that do it well (Provo, Utah)
- Additional needs will be addressed if identified

Member Selection Terms

Co-Chair Invitation; subject to approval by the HTCI Membership shall be extended to individuals and organizations by the co-chairs as needed to address the initiative(s) of the task force. There are no set terms or limits for this workgroup.

Expectations of Members

- Members must participate in 75% of all meetings scheduled for the RNLR.
 - Members' designee may participate in up to 25% of the meetings scheduled within the task force meeting time frame.
 - Members are encouraged to send the same designee to the meetings instead of different individuals.
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Meeting Times and Locations:

- To be determined within the pre-implementation planning phase (e.g. Sep – October 1, 2020).
- Distribute meeting times and locations and post those dates on the HTCI website.
- Include information about in person and on-line participation for RNLR members.

Communication Channels:

- Distribute proposed charter and solicit participation from potential task force members during the pre-implementation phase at least one month prior to meeting.
- Announce approved task force members, task force progress, and the completion and dissolution of the task force via the HTCI website, HTCI meeting reporting mechanisms.
- Delivery of monthly progress report to HTCI
- Identify other communication channels for consideration to convey the work of the RNLR as deemed appropriate.
- Identify communication channels for ongoing communication for RNLR issues at the sunset of the RNLR.

Agendas and Notes:

- Solicit administrative agenda items from RNLR members at least 10 days before meeting
- Prepare agenda and distribute prereading materials no less than 5 days before meeting
- Post meeting notes and agendas on HTCI website

Final Report:

- Prepare a final report which captures the work of the RNLR and recommendations for future action.
- Provide a link to the task force's final report once complete and approved by HTCI.

Resourcing:

It is anticipated that existing staff resources allocated will be adequate to facilitate and support the RNLR. Based on the final outcomes of the evaluation and corresponding recommendations there may be additional resources, research, publications, and projects, etc. identified to address the adoption of rural nursing loan repayment program.

Change Management:

Changes to scope must be approved by HTCI.

Version Information:

Version	Author	Summary	Date
1.0	Heppler	Initial Drafting	9/2/2020
1.1	Heppler	Revision with Co-Chair feedback	9/9/2020
1.2	Heppler	Finalized draft with feedback from OHPI team and Co-Chair	9/25/2020
1.3			

Final Acceptance:

Name/Signature	Title	Date	Approved via Email
HTCI approved	HTCI advisory group		<input type="checkbox"/>
RNLR Task Force	RNLR Task Force		<input type="checkbox"/>
			<input type="checkbox"/>

Rural Nursing Loan Repayment (RNLR) Task Force Proposed Membership

Subject Matter Expert Presentations

RNLR Charge: Develop recommendations to create an Idaho specific loan repayment program for nurses working in underserved areas, and nurse educators seeking advanced degrees at Idaho universities, using the data from The Idaho Nursing Workforce Report.

RNLR Membership Composition: Recruiting efforts were supported by the Idaho Center for Nursing and Nurse Leaders of Idaho to strategically select members that align and support the charge. In November, the task force will assess the membership and determine if additional recruiting efforts are needed.

Members:

- 1) Randy Hudspeth, PhD, MBA, MS, APRN-CNP/CNS, FRE, FAANP, NEA-BC (Co-Chair)
- 2) Carolyn Hansen, FNP-C (Co-Chair), CNO at Bingham Memorial
- 3) Joan Agee, CNO, St. Luke's Nampa
- 4) Krista Harwick, LCSC
- 5) Nicole Hernandez, Idaho Hospital Association
- 6) Ann Hubbert, Divisional Dean, BSU School of Nursing
- 7) Jayne Josephsen, Chief Nurse Admin and Associate Divisional Dean, BSU School of Nursing
- 8) Lisa Loughran, RN, MS, RD, CNO, Steele Memorial Medical Center
- 9) Karen Neil, Associate Dean and Director, ISU School of Nursing
- 10) Tari Yourzek, CNO, Boundary Community Hospital

Pre-Implementation prior to launch of RNLR in November 2020: A packet of key materials will be shared with RNLR members prior to the launch of the RNLR in November 2020. Content will include the agenda, draft charter, membership, and the PowerPoint slides summarizing the RNLR Task Force for HTCI.

Outputs: Prepare a final report that outlines solution-based recommendations and proposed actions to implement and sustain an Idaho specific RNLR program.

Subject Matter Experts:

Subject Matter Experts will be invited to present on various nursing loan repayment topics at one of the four meetings e.g. December – March 2020 to inform members on subjects that support the charge. Presentations: Subject Matter Experts will be asked to develop presentations that inform the task force and provide additional context that will assist them with developing an action plan focused on recruiting and retaining nurses in Idaho.

The initial Subject Matter Experts have been identified to inform the Task Force:

- Bureau of Rural Health and Primary Care to present on their physician loan repayment models
 - Boise State University to share their rural nursing program and why it failed
 - Idaho State University to share their rural nursing program and why it failed
 - Recruit rural students who live in the community; seek info from CAHs who have programs
 - Additional subject matter experts will be addressed as appropriate
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